



3300 CENTRAL PARKWAY  
CINCINNATI OHIO 45225  
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WWW.CINCINNATI-OH.GOV  
CAGIS. HAMILTON-CO.ORG

Building Permit  
Application Number

HISTORIC - Y / N  
DIGITAL - Y / N  
CHANGE OF USE - Y / N

INITIALIZED BY

CONTRACT REG# (REQUIRED)

### Part A - Identification

Project Address (Please Print in Blue or Black Ink Only)			Floor / Suite / Unit / Bldg / Lot
Owner - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contractor - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contact Person (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
E-mail Address			

### Part B - Main Use Of Primary Building On Property. (Office, Residential, Mercantile, Restaurant, Etc)

Current Use	Use Group (see back)	Number of Dwelling Units
Proposed Use	Use Group (see back)	Number of Dwelling Units

### Part C - Description Of Work

New Building <input type="checkbox"/>	WORK DESCRIPTION		
Addition <input type="checkbox"/> SQ FT _____	_____		
Alteration <input type="checkbox"/>	_____		
Repair <input type="checkbox"/>	_____		
Other <input type="checkbox"/>	_____		
Sewer Availability <input type="checkbox"/> YES / NO (Select One)	_____		
Sprinkler/Standpipes <input type="checkbox"/> New or Modify existing? (Select One)	Associated Building Permit No?	_____	
Fire Alarm <input type="checkbox"/> New or Modify existing? (Select One)	Associated Building Permit No?	_____	
Retaining Wall <input type="checkbox"/> Length _____	Average Height _____	Max Height _____	
Excavation/Fill <input type="checkbox"/> Quantity of Fill _____ CY /	Borrow Site _____	_____	
Quantity of Excavation _____ CY /	Disposal Site _____	_____	
Sign <input type="checkbox"/> Does the copy pertain to the business conducted on the property? Yes / No (Select One)	Type of illumination? _____ Ground Sign? Yes / No (Select One)		
Wrecking <input type="checkbox"/> Dimensions of the Building? Length X Width _____ X _____	# of Stories _____	Depth of Basement _____	
<input type="checkbox"/> Certificate of Use and Occupancy: _____	Square Footage _____		
<input type="checkbox"/> Certificate of Inspection	_____		
<input type="checkbox"/> Vacant Building Maintenance License	_____		
<input type="checkbox"/> Daycare Center Certificate of Inspection - Type A or Type B (Select One)	_____		

### Part D - Costs and Authorizations

Fair Market Value Of Labor And Materials For This Application.	\$ _____
Do not include cost of electrical, plumbing, or mechanical.	
The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the City of Cincinnati of the described premises at any time when work on those premises is ongoing and hereby grants their consent.	
Applicant's Signature _____	Date _____
FOR OFFICE USE ONLY	Permit Processing Fee _____
Reviewed By: _____	_____
Zoning _____	Date _____
Plans Exam _____	Date _____

Type of Permit	Amount	Issued By	Date	Number
Revisions				
Building				
Wrecking				
Barricade				
Fire Protection				
Excavation/Fill				
Sign				
VBML				
Walk-Through				
Investigation Fee				
Outdoor Adv Sign				
Ohio St Surcharge				
Permit Proc Fee				
Scanning Fee				
Cert of Inspection				
Cert of Occupancy				
Zoning Certificate				

Use Groups	
A-1	Concert Hall or Theatre w/stage
A-2	Nightclubs or Restaurants
A-3	Churches or Other Assemblies
A-4	Sports Arena
A-5	Outdoor Facilities
B	Business
E	Education
F-1	Factiry Moderate Hazard
F-2	Factory Low Hazard
H-1	Explosives
H-2,H-3,H-4	Flammable Gasses, Toxic, Corrosives
H-5	Haz Prod Materials Or Semi Conduct Fab
I-1	Inst Res Care/Halfway House
I-2	Inst Hospital
I-3	Inst Prison
I-4	Adult Daycare
M	Mercantile
R-1	Res Hotel/Motel/Boarding Homes
R-2	Multi Family Apartment Building
R-3	Multi Family Townhouses < 3 Units Attached
R-4	Assisted Living Facility
R-5	1,2 or 3 Family Dwelling
S-1	Storage Moderate Hazard
S-2	Storage Low Hazard
U	Utility
VAC	Vacant Land
27	Suppression

Valuation for Fee Purposes \_\_\_\_\_

Zoning District \_\_\_\_\_

Use Group \_\_\_\_\_

Conflicts w/ City Projects \_\_\_\_\_

Base Flood Elevation \_\_\_\_\_

Floodway Map No / Parcel / Date  
\_\_\_\_\_

Regulatory Floodway \_\_\_\_\_ Yes \_\_\_\_\_ No

Floodway Fringe \_\_\_\_\_ Yes \_\_\_\_\_ No

Flood Elevation Certificate Required  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Soil Inspection \_\_\_\_\_ Yes \_\_\_\_\_ No

Framing Inspection \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire Stopping Inspection \_\_\_\_\_ Yes \_\_\_\_\_ No

Final Inspection \_\_\_\_\_ Yes \_\_\_\_\_ No